Ethnic and Racial Differences in Conduct Disorders and Psychopathic Personality/Anti-social Personality Disorder

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Data are presented for a representative sample of 8,272 7 year-old children for a measure of behavioural difficulties in white, black, South Asian and Chinese children in the United Kingdom. The results showed that black children had more behavioural difficulties than whites, South Asian children had about the same behavioural difficulties as whites, while the Chinese had fewer behavioural difficulties than whites. The behavioural difficulties are interpreted as a measure of conduct disorders which are a frequent precursor in children of psychopathic personality/anti-social personality disorder in later adolescence and adulthood. The results are interpreted as a confirmation of previous studies showing that psychopathic personality/anti-social personality disorder is higher in blacks than in whites and lower in Chinese, and is also higher in South Asians than in whites.

Key Words: Race; Conduct disorders; Psychopathic personality; Anti-social personality disorder.

The condition known as psychopathic personality/antisocial personality disorder was identified in the early nineteenth century by the French physician Philippe Pinel (1801) who described patients who had "a lack of restraint and whose behaviour was marked by a complete remorselessness of their actions" (Perez, 2012, p.519). Some years later, the British physician John Pritchard (1835) proposed the term ‘‘moral imbecility" for those deficient in moral sense but whose intellectual ability was unimpaired. In 1904 the German psychiatrist Emile Kraepelin (1904)

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introduced the term psychopathic personality to describe the condition and this has been employed as a diagnostic label throughout the twentieth century and up to the present. In 1941 the condition was described by Cleckley (1941) in what has become a classical book *The Mask of Sanity*. He described the criteria for the condition as being a "general poverty of affect" (i.e. emotion), defective insight, absence of nervousness, lack of remorse or shame, superficial charm, pathological lying, egocentricity, inability to love, failure to establish close or intimate relationships, irresponsibility, impulsive antisocial acts, failure to learn from experience, reckless behaviour under the influence of alcohol, and a lack of long term goals.

In 1984 the American Psychiatric Association dropped the term psychopathic personality and replaced it with "anti-social personality disorder". However, many psychiatrists and psychologists have continued to use the term psychopathic personality and a number of authorities such as Lykken (1995) regard anti-social personality disorder as simply a synonym for psychopathic personality.

In 1994 the American Psychiatric Association (1994) issued a revised Diagnostic Manual in which it listed 11 features of anti-social personality disorder. These are: (1) inability to sustain consistent work behaviour; (2) failure to conform to social norms with respect to lawful behaviour; (3) irritability and aggressivity, as indicated by frequent physical fights and assaults; (4) repeated failure to honor financial obligations; (5) failure to plan ahead or impulsivity; (6) no regard for truth, as indicated by repeated lying, use of aliases, or ''conning'' others; (7) recklessness regarding one's own or others' personal safety, as indicated by driving while intoxicated or recurrent speeding; (8) inability to function as a responsible parent; (9) failure to sustain a monogamous relationship for more than one year; (10) lacking remorse; and (11) the presence of conduct disorder in childhood.

In 2002 the theory was advanced that there are racial and ethnic differences in psychopathic personality conceptualised as a continuously distributed trait rather than a discrete condition (Lynn, 2002). This theory proposed that high values of the trait are present in blacks and Native Americans, intermediate values in Hispanics, lower values in whites and the lowest values in East Asians. Evidence for the theory was adduced largely from studies in the United States and derived from questionnaire measures and behaviour such as rates of crime and sexual promiscuity, The theory was criticised by Skeem, Edens, Sanford et al. (2003) and Zuckerman (2003), followed by a reply by Lynn (2003).

In the succeeding decade no further work was done on the theory. In the present paper we present new evidence bearing on the theory from the United Kingdom.

Method

The present study draws on data collected for the Millennium Cohort Study (MCS), a survey of 18,819 babies born between September 2000 and January 2002 into 18,552 families living in the United Kingdom (Dex & Joshi, 2005). Due to disproportionate sampling, special weights have to be applied in analyzing the data (Plewis, Calderwood, Hawkes, Hughes, & Joshi, 2004).

At age 7, teachers reported pupils' behavioural difficulties, using the Strengths and Difficulties Questionnaire (SDQ), age 4-15 years version (http://www.sdqinfo.com). The SDQ asks questions about five domains of social and emotional behaviour, namely: conduct problems, hyperactivity, emotional symptoms, peer problems, and pro-social behaviour (Goodman, 1997). The first four of these are all expressions of the broader construct of conduct disorders that a number of studies have shown are a frequent precursor in children of anti-social personality disorder in later adolescence and adulthood (e.g. Bernstein, Cohen, Skodal, Bezirganian & Brook, 1996; Loeber, 1990; Mealy, 1995). In the present study,

we have therefore used the sum of the scores on conduct problems, hyperactivity, emotional symptoms and peer problems to examine whether there are racial and ethnic differences in the United Kingdom. The internal reliability alpha for the SDQ total score was .80. The following analyses are based on 8,272 children for whom there were data on the teachers' ratings of the children's conduct disorders and ethnicity.

Table 1. SDQ scores of 7 year-olds in the United Kingdom in the Millennium Cohort Study

Group	N	Mean (SD)	*d*
White	7,371	6.02 (5.56)	-
Mixed	67	6.93 (5.30)	.16
Indian	177	4.84 (4.67)	-.21
Pakistani	267	6.69 (5.77)	.12
Bangladeshi	73	5.93 (5.88)	-.02
Black Caribbean	77	7.92 (6.37)	.34
Black African	119	6.76 (6.32)	.13
Chinese/unknown	121	4.64 (4.24)	-.25
Total	8,272	6.02 (5.56)	-

Note: Observations (N) were unweighted, means and SD were weighted with UK sampling weight.

Results

The results are shown in Table 1. This gives means, standard deviations (SD), and standard errors (SE) of the SDQ total scores. The column headed *d* gives the differences between the whites and the other groups in standard deviation units calculated from the white SD.

Discussion

There are three principal points of interest in the study. First, both groups of blacks (Caribbeans and Africans) had higher rates of conduct disorders than whites. This result confirms a previous study showing that rates of exclusions from school in England and Wales in 1993-94 for conduct disorders were 4.4 times greater for blacks than for whites (Gillborn and Gripps, 1996) and that the crime rates of blacks are considerably higher than those of whites with imprisonment rates of 7.2:1 for men and 12.2:1 (Home Office, 1998).

Second, among the South Asians the Indians had lower rates of conduct disorders than whites (d = -.21) while the rates of the Pakistanis were fractionally higher than those of whites (d = .12) and the rates of Bangladeshis were about the same as whites (d = -.02). This result is broadly consistent with a previous study showing that rates of exclusions from school in England and Wales in 1993-94 for conduct disorders were slightly lower for South Asians than for whites with a ratio of 0.92:1.0 (Gillborn and Gripps, 1996). The crime rates of South Asians are broadly consistent with the rates of conduct disorders with the imprisonment rates for Indian men being the same as for whites, although for Pakistanis they are substantially higher at 1.42:1.0 (Home Office, 1998).[2]

Third, the Chinese had substantially lower rates of conduct disorders than whites (d= -.25). This result confirms

[2] The difference in conduct disorders between immigrants from India and those from Pakistan are unexpected and therefore interesting. More antisocial behavior in Pakistan than in India is not clearly shown in the statistics of these countries except in the case of homicides. The homicide rates as reported by the UN Office of Drugs and Crime (data for 2008) are: India 3.44; Pakistan 6.94. The Gallup World Poll shows no difference in general crime victimization between India and Pakistan. In both countries 12% reported theft and 10% reported mugging or assault. One explanation that has been suggested for the difference in the British rates is that Moslem immigrants from Pakistan may have more difficulty in adapting to British mores and culture than Hindu migrants from India. However, this would not explain why the rate of conduct disorders for Moslem Bangladeshis in England is close to that of whites.– Eds.

an earlier study showing that Chinese-white ratio of rates of exclusions from school in England and Wales in 1993-94 for conduct disorders was 0.18:1.0, and the rate of imprisonment for Chinese men is also lower than that for whites at 0.66:0.88 (Home Office, 1998). Taken as a whole, these results provide some confirmation for the theory advanced in Lynn (2002) based studies in the United States that psychopathic personality/anti-social personality disorder is higher in blacks and lower in East Asians than in whites, and extends the theory further with evidence indicating that psychopathic personality/anti-social personality disorder is about the same in South Asians as in whites.

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